	MIII TIPI	E DE VDEN	TCIAIM	SERIAL N	O. ·	FILING D	ATE	
'	. MULTIPLE DENDENT CLAIM FEE CALCULATION SHEET							
	(FOR USE WITH FORM PTO-875)				APPLICANT(S)			
CLAIMS								
	AS FILED AFTER  1"AMENDMENT		AFTER 2 MAMENDMENT		AS FILED	AFTER I"AMENDMENT	AFTER 2 AMENDMENT	
	IND. DEP.	IND. DEP.	IND. DEP.		IND. DEP.	IND. DEP.	IND. DEP.	
1 2				51 52				
3				53				
4				54				
5	1			55				
7	# #			<u>56</u> 57				
8	<i>Y</i>			58				
9				59				
10 11	9			60		· ·	-	
12				62				
13	l'			63				
14	f			64				
15 16	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			65				
17	j"			67			•	
18				68				
19	1			69				
20 21				70				
22				72		_		
23				73				
24	, /			74				
25 26	- !			75 76				
27				77				
28				78				
29	1,			79				
30 31				80 81	-			
32			·	82				
33				83_				
34				84				
35 36				85 86				
37				87				
38				88				
39				90				
40				91				
42				92				
43				93				
44				94				
45 46				96				
47				97				
48				98				
49 50				100				
TOTAL IND.	/ 4	1	4	TOTAL IND.	#	#	-	
TOTAL DEP	26		<b>4</b>	TOTAL DEP	+	+	+	
TOTAL	517			TOTAL CLAIMS				
CLAIMS	U.S. DEPARTMENT of COMMERCE							
PTO - 1349 (REV. 11/4-1)								